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FEE TRANSMITTAL

(page 1 of 2)

Complete if known

☐ Applicant asserts small entity status. See 37 CFR 1.27.☒ Applicant certifies micro entity status. See 37 CFR 1.29. Form PTO/SB/15A or B or equivalent must either be enclosed or have been submitted previously.

TOTAL AMOUNT OF PAYMENT

(\$)

Application Number

Filing Date

First Named Inventor

Examiner Name

Art Unit

Practitioner Docket No.

Clayton A. McKinney

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☐ None ☒ Other (please identify): Debit card☐ Deposit Account: Deposit Account Number: _____ Deposit Account Name: _____ For the above-identified deposit account, the Director is hereby authorized to (check all that apply):☐ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☐ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17☐ Credit any overpayment of fee(s)**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES** (U = undiscounted fee; S = small entity fee; M = micro entity fee)

Application Type	FILING FEES			SEARCH FEES			EXAMINATION FEES			Fees Paid (\$)
	U (\$)	S (\$)	M (\$)	U (\$)	S (\$)	M (\$)	U (\$)	S (\$)	M (\$)	
Utility	350	140*	70	770	308	154	880	352	176	
Design	300	120	60	300	120	60	700	280	140	
Plant	240	96	48	485	194	97	725	290	145	
Reissue	350	140	70	770	308	154	2,550	1,020	510	
Provisional	325	130	65	0	0	0	0	0	0	<u>\$65.00</u>

* The \$140 small entity filing fee for a utility application is further reduced to \$70 for a small entity applicant who files the application via Patent Center.

2. EXCESS CLAIM FEES

Fee Description	Undiscounted Fee (\$)	Small Entity Fee (\$)	Micro Entity Fee (\$)
Each claim over 20 (including Reissues)	200	80	40
Each independent claim over 3 (including Reissues)	600	240	120
Multiple dependent claims	925	370	185

Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)
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<u>20</u>	-20 or HP =	<u>0</u>	x	<u>70</u>	=	<u>0</u>
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HP = highest number of total claims paid for, if greater than 20.

Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)
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<u>3</u>	-3 or HP =	<u>0</u>	x	<u>70</u>	=	<u>0</u>
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paid for, if greater than 3.

Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
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HP = highest number of independent claims

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$450 (\$180 for small entity) (\$90 for micro entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
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<u> </u> - 100 =	<u> </u> / 50 =	<u> </u> (round up to a whole number)	x	<u> </u>
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